

**STATE OF WEST VIRGINIA
INSURANCE COMMISSIONER**

FINANCIAL CONDITIONS DIVISION

MAIL ADDRESS:
Post Office Box 50542
Charleston, WV 25305-0542

LOCATION:
1124 Smith Street, Room 400
Charleston, WV 25301

**SURPLUS LINES TAX ALLOCATION REPORT
For Year Ending December 31, _____ : Due Date: March 1**

1. LICENSEE NAME _____ LICENSE # _____

MAILING ADDRESS _____

CONTACT PERSON AND PHONE NO. _____

AGENCY NAME (if applicable) _____

2. NAMES, ADDRESSES, PHONE NOS., AND NAIC NOS. OF INSURERS

3. NAME OF INSURED _____ POLICY # _____

If purchasing group or an authorized group, list (a) name of group; (b) names of individual members for whom the allocation is being made; and (c) the policy numbers (group and individual) and certificate numbers, as applicable.

4. TOTAL GROSS POLICY PREMIUM \$ _____
(Page 2, Item 8, Col. 5 TOTAL)

5. PREMIUM ALLOCATED TO WEST VIRGINIA \$ _____
(Page 2, Item 8, Col. 6 TOTAL)

6. AMOUNT OF PREMIUM TAX DUE TO WEST VIRGINIA \$ _____
(Page 2, Item 8, Col. 7 TOTAL)

NOTE: This payment shall be included with your quarterly and/or annual premium tax payment.

7. LIST ALL STATES IN WHICH EXPOSURE EXISTS AND THE CORRESPONDING PREMIUMS ALLOCATED TO EACH STATE (USE A SEPARATE PAGE IF NEEDED).

8. Calculation of Premium Tax Allocation:

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
Classification Codes and Methods of Allocation as indicated in the Allocation Schedule	Total Amount of Exposure	Exposure in West Virginia	% Ratio of Column 3 to Column 2	Total Gross Policy Premium	Premium Allocated to West Virginia. Multiply Column 4 by Column 5.	Tax due to West Virginia. Multiply Column 6 by 4% tax and/or 1% surcharge.
TOTALS	XXXXXXX	XXXXXXX	XXXXXXX	\$ _____	\$ _____	\$ _____

Notes:

Column 1:

- (a) If policy covers more than one classification, enter each classification code separately.
- (b) For any portion of the premium that is not divisible, list all coverages and specify the predominant coverage.

Columns 2 and 3:

- (c) Indicate the units, insured values, numbers, etc. upon which the allocation is made. If classification code and method of allocation for all or a portion of the policy is not listed in the Allocation Schedule, attach explanatory memorandum describing the property or risk and supporting the alternative equitable method of allocation used for that portion.

Column 7:

- (d) Insert tax rate.

The undersigned certifies that the information reported in Items 1 through 8 of this form, including all attached supporting documentation, is true to the best of my knowledge, information and belief under penalties of perjury.

**SIGN
HERE**

Signature of Surplus Lines Licensee

Name – type or print

Date